



STATE OF NEVADA  
DEPARTMENT OF HEALTH AND HUMAN SERVICES  
AGING AND DISABILITY SERVICES DIVISION

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**MINUTES**

Name of Organization: Nevada Commission on Autism Spectrum Disorders

Date and Time of Meeting: March 10, 2015  
12:00 p.m.

Carson City: Aging and Disability Services Division  
3416 Goni Road, D-132  
Carson City, NV 89706

- I. Ms. Crandy called the meeting for the Commission on Autism Spectrum Disorders to order at 12:05 p.m.

Members Present: Jan Crandy, Mary Liveratti, Keri Altig, Korri Ward, Shannon Crozier

Guests: Julie Ostrovsky, Sarah Dean, Linda Tache, Adriana Ketcham, Shannon Sprout, Erin Snell, Martha Schott-Bernius

Staff Present: Brook Adie, Julie Kotchevar, Carol Reitz

A quorum was declared.

- II. Public Comment (No action may be taken upon a matter raised under public comment period unless the matter itself has been specifically included on an agenda as an action item)

There was no public comment.

- III. Approval of Minutes from December 22, 2014 and January 28, 2015.

Ms. Ward made a motion to pass the minutes for December 22, 2014 with the changes noted. Ms. Crozier seconded the motion. The motion passed.

Ms. Ward made a motion to pass the minutes for January 28, 2015 with changes noted to include giving a brief explanation as to the agenda items

that were taken out of order. Ms. Crozier seconded the motion. The motion passed.

#### IV. Discussion and Recommendations for Bills Related to Autism and Disability Services and Insurance Coverage

Ms. Crandy said she felt it went extremely well with AB6 with the community really coming together. The amendments to the removal of the age cap went well as well as the adding of the RBTs.

Ms. Liveratti asked if Ms. Ward will be tracking and meeting with Assemblyman Ellison to add the age cap amendment. Ms. Ward said she will submit the amendment to Assemblyman Ellison.

Ms. Crandy asked Ms. Crozier if she had heard anything else from the Board of Psychological Examiners in regards to the bill. Ms. Crozier said she hadn't heard a thing. Ms. Ward said she had asked the Board of Psychological Examiners for a list of CABIs and there were none in the rural area.

There was discussion about the hearing on AB6. Ms. Crozier said she agreed that the Committee seemed very receptive to everyone. Ms. Crandy said she felt the strategy for the bill should be all or nothing and they should hold strong on removing the dollar cap, removing the age cap and the RBT credentialing.

Ms. Liveratti informed the Commission that she reached out to pro-bono lobbyist Michael Hackett who works for Alrus. Ms. Crandy informed everyone that he signed in as the lobbyist for the Autism Commission. Ms. Liveratti said she will be meeting with Mr. Hackett the following day. She added they have to get the insurance people to the table. Ms. Crandy said she felt the insurance commission will want them to give an hour visit limit if they remove the dollar cap.

Ms. Crandy informed the Commission that she has a meeting with John Hambrick on Thursday at 4:30. He told someone that he is supporting autism. Ms. Crandy suggested Ms. Liveratti get in there and talk to Assemblyman Hambrick as well.

Ms. Liveratti said she felt they also need to talk to the chair, Assemblyman Kirner. Ms. Crandy said she sent Assemblyman Kirner an email and she had not heard back yet.

Ms. Liveratti asked if the Commission is willing to let the bill be defeated and lose removing the CABIs completely if it is all or nothing. Ms. Altig said she felt they had to be a little bit flexible and negotiate. Ms. Crandy said if you let them know you will negotiate on the dollar cap, you will give them leverage.

Ms. Crozier said an all-in position is the way to go but they shouldn't initiate the negotiation. Ms. Crandy said in order to get it out of the committee they only need eight votes. Ms. Crandy suggested Ms. Ward have a conversation with Assemblyman Ellison and Ms. Ward agreed when she gives him the amendment.

Ms. Liveratti said AB6 needs to come out of the Committee by April 10<sup>th</sup>. It has to move out of the Assembly by April 21<sup>st</sup>.

Ms. Ward told the Commission she appreciated everyone working hard and testifying. She testified for AB162 and it felt a lot better this time. Ms. Crandy said Mr. Unumb from Autism Speaks at the hearing was helpful. Ms. Crandy said they don't need a majority to pass the bill.

Ms. Crandy said SB132 is being carried by Senator Keickhefer. This requires paraprofessionals in the classroom have specialized training. It has appropriations of \$2 million to go to school districts to train. Ms. Crandy testified that it should be disability specific training and it should include positive behavior supports that are necessary. She read the description as "to establish minimum training requirements for such paraprofessionals; making an appropriation; and providing other matters properly relating thereto." She reported it had its first hearing but she was unsure if it came out of the committee yet.

Ms. Crandy said BDR 34-811 is being carried by Assemblywoman Woodbury. Ms. Crandy just received the language on it. The feds already require that certain people with disabilities take career assessments. This will add that there are students that are exempted from that career assessment due to ability to participate. Ms. Crandy said the kids that are exempted at least have an adapted behavior assessment provided to them. The parents should receive a copy of the assessment as an additional outcome measure.

Ms. Crandy added the bill will also include that the kids that fail a screening will have access to treatment while waiting for diagnosis and will have access to the ATAP waitlist. Ms. Crandy read the summary of BDR-132 as "summary of performance including persons who may benefit from certain services provided to persons with autism spectrum disorders as determined by initial screening for autism spectrum disorders within the Autism Treatment Assistance Program."

Ms. Altig told the Commission that the adaptive behavior testing should not be used as an outcome measure. Ms. Crandy said the bill doesn't necessarily specify the Vineland. She added they would give the information to the family so they can use it at exit. This assessment would be used for low-functioning kids that can't take the required college and career readiness assessment. Ms. Crandy asked Ms. Altig what assessment tools they can use. Ms. Altig

said she will find out from the transition staff as well as the Department of Education as to what tools they do use.

Ms. Crandy added that it would only be 2% of the population that would be exempted from taking the exit tests. They are currently not required to conduct any testing. Ms. Ward added it would help to identify supported employment, customized employment and sheltered workshops versus going to college. If there was some kind of assessment that would help with the direction for the child to go since she was unsure that that level of assessment would take place at VocRehab.

Ms. Altig said they should never just use one assessment instrument. Ms. Crandy said currently there is no assessment at exit and felt the parents should go away with something that tells them where their child is. Ms. Crandy said the state could use the assessment instrument that can track the outcome data. She added the school district is already having to track the number of kids that have an autism eligibility and they can add the college and readiness assessment scores and the percentage of time they are in regular education in their last year of high school.

Ms. Ward asked if they can have VocRehab give the parents their assessment results. Ms. Crandy said she thought getting the Vineland from the school district and giving it to VocRehab can help them guide how to support the person in employment. Ms. Altig said she disagreed and said you would be using the Vineland for an unintended purpose. Ms. Altig said she will find out about the NAA (Nevada Alternative Assessment).

Ms. Crozier said they need to recommend that the State uses valid assessments for their intended purposes. She added there is clearly huge issues in VocRehab that are preventing them from doing right by the kids. Ms. Crandy added she would like to find an assessment tool that can be used longitudinally to measure outcomes for the population so they can assess progress over time.

Ms. Kotchevar said the assessment information would be given to ASD and she was concerned legislation would ask if the data would be on the children that were receiving ATAP or Medicaid. She asked as an agency what they were hoping to change as a result of having that information. Ms. Crandy said the bill is about showing the children that will receive services through ATAP and Medicaid will have better outcomes since they are getting ABA treatment versus kids that are in the school district and not getting treated. She added having long-term outcomes would be beneficial that show what happens to kids when they graduate from high school.

Ms. Kotchevar said since they would be getting child-level data, they would not be able to distinguish the subset of those kids that receive treatment from

the larger set of kids that did not. Without child-level data from the Department of Education, she doesn't know how they can demonstrate that children on ATAP are doing better than all the kids if all the kids are in the same subgroup.

Ms. Crandy said she has spoken to the school district lobbyist and they don't have an issue within this bill since there are only 2% of the population that are not able to do the college and career-readiness assessment. She added they really need longitudinal data. Ms. Kotchevar said in order to get that longitudinal data, they will need child-specific data. She added acquiring yearly aggregate data will show you trends but not specific so you would not be able to measure outcomes as a whole.

Ms. Kotchevar suggested looking at VocRehab to do a better job in getting the kids earlier and get them job training. She added possibly having an accountability measure that would result in a meaningful change in services.

Ms. Crandy said they can change the wording in the bill. She said she would like the children whom have met the autism criteria and are awaiting the diagnosis to be added to the ATAP waitlist so they can have access to ABA as soon as possible.

Ms. Kotchevar suggested adding time requirements for children awaiting a diagnosis. Ms. Crandy said it should include ABA and be more than 5 hours a week. Ms. Schott-Bernius said Ms. Adie spoke to the rural area and informed them that if there was a determination based off an assessment that they can be added to the ATAP waitlist. Ms. Kotchevar said they have been informing people that they have to have a determination of autism through CARS or ADOS and can be added to the ATAP waitlist while they wait for the medical diagnosis.

Ms. Crandy asked how many two year olds were currently on the ATAP waitlist and if they felt like everyone who wants to be on the waitlist is waiting. Ms. Adie said there are 51 children that are two years old on the ATAP waitlist. They have more children on the ATAP waitlist than NEIS has.

Ms. Crandy said there were some kids at NEIS that had a diagnosis that still haven't received ABA therapy. Ms. Kotchevar said there was a technical issue with the provider agreement reauthorized. She added they are starting a collaboration plan with Early Intervention where they will cost-share the treatment.

Ms. Crandy asked about the community partners. Ms. Kotchevar said the community partners are provided a flat rate and have to provide all of the treatment out of the flat rate per child. Ms. Kotchevar said she doesn't have a final answer yet. They are still trying to figure out the mechanics with the

community partners so it is equitable for everyone. She added all of the kids that have a diagnosis are in the state plan.

Ms. Liveratti informed the Commission that SB177 is the CARE Act. She described it as if someone goes into a hospital, they will have the ability to name a family caregiver. It can be an actual family member or a family friend, neighbor or someone that will help them when they get home. It records the name of that person. When it comes time for them to be discharged home or to another facility, the hospital would contact that family caregiver to let them know. The third thing that it would do is upon discharge, the hospital would tell that family caregiver what follow-up care would be needed with the hopes of having a safer discharge home. The piece of having a caregiver through an advanced directive is being deleted out of the bill. She added there would be a work session on the bill the next day at 3:30 in the Senate Health and Human Services Committee. She said they would like the support of the Autism Commission. She added that there are a lot of organizations that currently support it.

Ms. Liveratti said the hospital association is onboard with the amendments that are going through.

Mary made a motion to support SB177. Ms. Ward seconded the motion. The motion passed.

Ms. Crandy made a motion to support AB132. Ms. Liveratti seconded the motion. The motion passed.

Ms. Crandy asked if there were any issues with any of the bills that the CSPD is supporting. Ms. Crandy said she thinks the Autism Commission should be supporting all the bills that CSPD is supporting. Ms. Liveratti asked if all the bills that were listed were bills that CSPD was supporting and not just tracking. Ms. Crandy said they are just tracking them. Ms. Liveratti said they should get more information. Ms. Crandy said they better not support them as a whole.

Ms. Liveratti suggested someone sit in on the CSPD meeting and report back, which is on March 19th. Ms. Liveratti said she will attend the CSPD meeting on the 19<sup>th</sup>.

Ms. Crandy asked about other bills on the list that may pertain to autism. Ms. Liveratti said AB128 is the guardianship bill that the Down Syndrome Network is supporting.

Ms. Liveratti said what they are trying to do is a typical guardian strips you of all your civil rights and they are trying to do something where kids who have intellectual disabilities become adults, instead of parents becoming

guardians and taking away all of their rights, they have a partial guardianship. The parents have the ability to help them with certain decisions but as much as they are able to can make decisions about their own choices.

Ms. Tache said she has all that information. The bill is AB128 and she will forward the bill to everyone. It is the power of attorney over medical decisions and other stuff. Ms. Liveratti said the bill passed out of the committee the day before and should go to the full assembly. She said it creates a power of attorney for healthcare decisions for adults with intellectual disabilities. She read that it says an amendment was added that language that the agent for the adult with intellectual disability signs as agreeing to such as revoking the power of attorney being the spouse, legal guardian or next of kin to be the agent and certain decisions that may not be made.

Ms. Liveratti said she will get more information from the CSPD as to what their standing is and it will be emailed out. Ms. Crandy asked if they as a group should support all the bills that CSPD are supporting.

Ms. Ward made a motion that the Autism Commission supports the bills that CSPD are supporting. Ms. Liveratti seconded the motion. The motion passed.

Ms. Liveratti said she will revise the list of bills that are being watched and give a description as to what the bill is doing. Ms. Ward asked if she can add what the peoples' concerns are on the bills.

Ms. Crandy asked Ms. Kotchevar if there was anything they can do to make it so children in Early Intervention have access to 10-15 hours of ABA per week. Ms. Kotchevar said they will be enrolling them in ATAP so she wasn't sure if there was anything more they can do beyond that. It will be a collaboration plan where NEIS and ATAP will cost-share the expenses based on the needs of the child.

Ms. Ward asked how NEIS and Medicaid collaborate. Ms. Kotchevar said they will still collaborate with ATAP but ATAP will bill Medicaid for the shares which will not happen until January. She added the biggest reason for the collaboration was to have the continuity of care. Ms. Crandy said that is how the law is written now that NEIS is to collaborate with ATAP. Ms. Kotchevar said ATAP has been the primary vehicle for autism therapy and has had the longest waitlist. In the last couple of years, NEIS has really ramped up the early screening and diagnosis. Then the second piece of treatment came and until last July there were children that were on a waitlist at NEIS. They have hit the barrier now with getting the children at NEIS on the ATAP waitlist. They are still wrestling with what the repercussions are going to be with adding the NEIS children on the ATAP waitlist ahead of others.

Ms. Sprout said they are talking with NEIS to include their provider type. Ms. Kotchevar said ATAP and NEIS are the same agency and that is why they are working it out amongst themselves.

Ms. Ward asked about NEIS and ATAP and if they will be able to use the community providers. Ms. Kotchevar said it would be up to the family and that is why they combined the provider agreement so NEIS can use ATAP's BCBAs. Ms. Ward asked about the list of RBTs. Ms. Kotchevar said they are working with individual families to find a solution that best fits for them. They are dealing with the ongoing problem of hiring interventionists.

Ms. Crozier said the interventionist is an ongoing issue and until they get the RBTs approved so they can carry enough interventionists. Ms. Kotchevar said that she's heard from providers that they do not want to employ nor do they want to share interventionists with other providers since each provider trains their interventionists differently. She said they need to work with the provider communities, families and with the programs to solve the interventionist issues. Ms. Crozier said Chris Holcomb spoke about the interventionist issues in the Medicaid workshops. He said having the providers hire the interventionists is the only way they can get enough hours so they can get benefits so it will be worth it for them.

Ms. Crozier said if they get the RBT certification and are moving in that model, they would benefit from having an intro training which is about 90 minutes since they still have to do their 40 hours.

V. Discussion and Recommendations on the ATAP (Autism Treatment Assistance Program) and Medicaid Budget Hearings

Ms. Crandy said the hearings went very well. The Committees were receptive. The ATAP budget had a very good turnout with parents testifying. There were not very many people that testified on the Medicaid budget but the rest of the budget will be heard on 3/13.

Ms. Liveratti said the rest of the budget hearing will cover all the developmental services. All the regional centers are on the agenda. They shouldn't be covering ATAP again. Ms. Crandy asked if they need to continue to talk to the legislators or if they were safe on the budgets. Ms. Liveratti said she felt they were safe but it never hurts for people to contact their own legislators to tell them they support the increase in autism services in the ADSD budget.

VI. Update on Medicaid ABA (Applied Behavior Analysis) Coverage Policy Development and Provider Rate Workshops



Ms. Sprout gave an update that Medicaid is still in discussion with CMS regarding certification on the State Plan Amendment before they can enter that into the internal review process. They had hoped to have that final feedback by the end of February and are keeping close contact with the track with CMS. She said that should not have a major impact on the project but wanted to identify it as a risk factor to get the State Plan Amendment into the internal review process.

Ms. Sprout said there will be two rate workshops held on March 16<sup>th</sup> at 11:00 and 2:00 due to the limitation of space. The same material will be identified at both workshops. The workshop agendas are posted on the [dhcfp.nv.gov](http://dhcfp.nv.gov) website under public notices.

Ms. Sprout said based on conversations identified that screening that can be covered but wants to continue to put educational information out around screening. There will be a web announcement reminding everyone that they can do screenings under EPSDT for autism spectrum disorder.

Ms. Crandy asked if it will have a rate specific to autism and not just developmental screening. Ms. Sprout said those codes are appropriate for coverage identified in the rates table. Ms. Crandy asked if the M-CHAT was listed under the tools that can be used. Ms. Sprout said some examples of those screenings would be the Ages and Stages Questionnaire, ASQs, M-CHAT, and ADOS. They are no different today than they have been in the past and Medicaid wants to make sure they get that point across that they can currently be used. There is a link provided to the recommended list of screenings so that providers that are currently doing screenings under EPSDT know what the recommended list of screenings are.

Ms. Sprout told the Commission that in April there will be a quarterly newsletter coming out which will link back to the web announcement to keep information consistent as it comes out. Once they have gathered all the stakeholder feedback from the rates workshop, they hope to have the draft of the SPA for the rates drafted and conversations with CMS to make sure they have everything needed in there. She reminded everyone that there are two different tracks with the first being the policy which is created services and policy SPA under the authority of EPSDT. The second track is the rates SPA which is the process of gathering information from the workshop. The goal is to have them go to a public hearing in October.

Ms. Sprout said they are also tracking the national progress of the SPA. She said there are currently six states in the process. Ms. Crandy asked if California was done. Ms. Sprout said California is not done and they are one stage ahead of Nevada where they have submitted the SPA but have not received approval yet. She said Washington, Louisiana, and Kentucky have their SPA approved to date. Ms. Crandy asked if they can tell if it's taken

California longer than the 90 days to get the approval date from CMS. Ms. Sprout said she did not have the date available. Ms. Crandy said if they see that it's taking California longer than the 90 days, she would like for them to submit prior to the 90 days.

Ms. Sprout informed the Commission that one thing that Nevada has done that California has not done is they have given the SPA to CMS to get their feedback.

Ms. Sprout told the Commission that they are continuing to meet with their vendors so they can go over where they are in the process to find out what needs to be developed so they can meet the target dates for that. Ms. Crandy asked Ms. Sprout to talk about the timeline of when they will start to bring in providers and when those trainings will start. Ms. Sprout said they are projecting within the timeline that they will begin Introduction to Medicaid 101 training which will occur sometime in the month of June. The goal is to have a three-hour event where all vendors participate. There will be one in the north and one in the south. HP, Amerigroup, HPN will begin the enrollment process as early as July since they know it takes some time to get everyone enrolled leading up to January 1, 2016 which is the targeted live date. There will be ongoing provider enrollment training to teach how to do a prior authorization and billing.

The anticipated public hearing date is October 8<sup>th</sup> for the policy SPA and rates SPA. At the conclusion of the public hearing is when Medicaid will submit the SPA to CMS giving them the lead time of the three months.

Ms. Sprout added they will continue to do community outreach, web announcements and attend meetings. They have an ABA webpage that she will continue to add any presentations that they do.

Ms. Crandy asked if they can post what the provider specialty codes and the provider type reflected on the rates draft. She asked if Ms. Sprout can go through them with the Commission. Ms. Sprout said provider rate 20 is the physician services. She said for physician services, all the codes for ABA therapies will be allowable under physician services. It's not likely that the physician will be providing all services for ABA. The CPT coding guidelines ask as long as they are provided within their scope.

PT85 is your provider type of a behavior therapy which is specifically for ABA services. This includes your licensed behavior analyst, licensed assistant behavior analyst, CABIs or RBTs. It will also house the services of ABA that a psychologist would perform. They wanted to make sure they added anyone performing ABA services into one provider type because services have to be provided under the direction of a psychologist or licensed behavior analyst.

Ms. Crandy asked about the difference between the 310, 311 and 312 on the provider specialty. Ms. Sprout said she will have to get back to her about it.

Ms. Crandy asked if the behavior identification assessment is a flat rate of \$17.19 or if it is per hour. Ms. Sprout said she cannot address the rates since she is not involved with the rate methodology.

Ms. Ward asked if there was any travel expenses allowed to send BCBAs to the rural areas. Ms. Sprout said they won't pay for travel within the codes. There is a nonemergency code for a recipient. Ms. Sprout added that this is under a SPA and not a waiver so you have to follow the allowable services in which you can bill.

Ms. Crandy asked about codes that can be used for Telemedicine delivery. Ms. Sprout said Telemedicine is not a covered service in the proposed policy; however once they get the program up and running, they will be evaluating additions of other services.

Ms. Altig asked if travel to the rural areas can potentially be written off on their taxes. Ms. Sprout said she can look into that. Ms. Altig said they can possibly address the travel piece as a way for providers to use their travels as a tax deduction.

Ms. Ward asked if anyone knew how other medical services are outreached to the rural areas. She asked if there were grants available to the community to pay for travel. Ms. Crandy said Dr. Hardy is carrying a bill to address Telemedicine and Medicaid. She said that might be something they can talk to him about getting Telemedicine coverage for ABA. Ms. Sprout said Telemedicine is a covered service under Medicaid but at this point in time they have not identified how Telemedicine is a billable code within ABA services. Telemedicine is not covered under every provider type.

Ms. Crandy asked if family training can be covered under Telemedicine. Ms. Sprout said at this time Telemedicine would be an expansion of this program. Ms. Ward said ATAP pays for travel. She suggested for rural Nevada there can be an agreement where they can use the ATAP travel piece and get services through Medicaid. Ms. Sprout said ATAP is a grant program and their funding restrictions are different than Medicaid. Medicaid will only pay for the nonemergency transportation for the recipient and the services that are being performed for the CPT category 3 follow-ups. She will look into the transportation questions and get back to Jan.

Ms. Crandy asked how long it would take to add enhancement such as family training to the Medicaid policy. Ms. Liveratti said it is already known that there is an access issue in the rural areas and asked if there was any way

they can head it off now and write it into the policy and get it approved. Ms. Sprout said she will take the question back to Coleen.

Ms. Sarah Dean introduced herself as the autism specialist for Lyon County School District. She asked if they consult with outside BCBAs within the school setting, is it considered a related service. Ms. Sprout said school-based health services is a different delivery model than everything else that filters through Medicaid. School-based health services will not be authorized to bill for ABA services; however they will allow for provider type 85 to bill for those services and coordinate with the school district for it. It would be the provider and not the school district that would be the Medicaid biller.

Ms. Ward asked about building the RBT workforce especially in regards to rural outreach. Ms. Sprout said Medicaid has offered to participate in RBT workgroups but is not the leading agency on it. Ms. Crandy said the Commission on Autism will be working on building the RBT workforce.

Ms. Ward asked if there will be any outreach directly to families that have children with autism that have Medicaid informing them that the services are now available. Ms. Sprout said the current outreach is what is posted on their webpage. She said there is a Nevada Medicaid Fact Book that is updated on a regular basis that contains that information and the books are provided at the welfare office. The healthcare coordinator also provides the information on all Medicaid benefits. Ms. Ward asked if parents can be notified in their yearly letter that Medicaid is covering ABA and they can talk to their pediatrician. Ms. Sprout said that would be a question for welfare since they generate the letters.

Ms. Sprout said Medicaid does a presentation annually where they speak to all providers. They addressed ABA in the last presentation that it will be a new service. They will continue to keep ABA on their list for the presentation. They address what the benefit and coverage is. Ms. Crandy said she felt it was Medicaid's responsibility to make sure all recipients are aware of the coverage. Ms. Sprout said she will look into having the information added to the annual packets that are sent out to families.

## **VII. Public Comment**

(No action may be taken upon a matter raised under public comment period unless the matter itself has been specifically included on an agenda as an action item. Comments will be limited to three minutes per person. Persons making comment will be asked to begin by stating their name for the record and to spell their last name and provide secretary with written comments.)

There was no public comment.

## **VIII. Adjournment**

Ms. Crandy adjourned the meeting at 3:02 p.m. |